

International Quality Improvement: Opportunities, Experience and Challenges

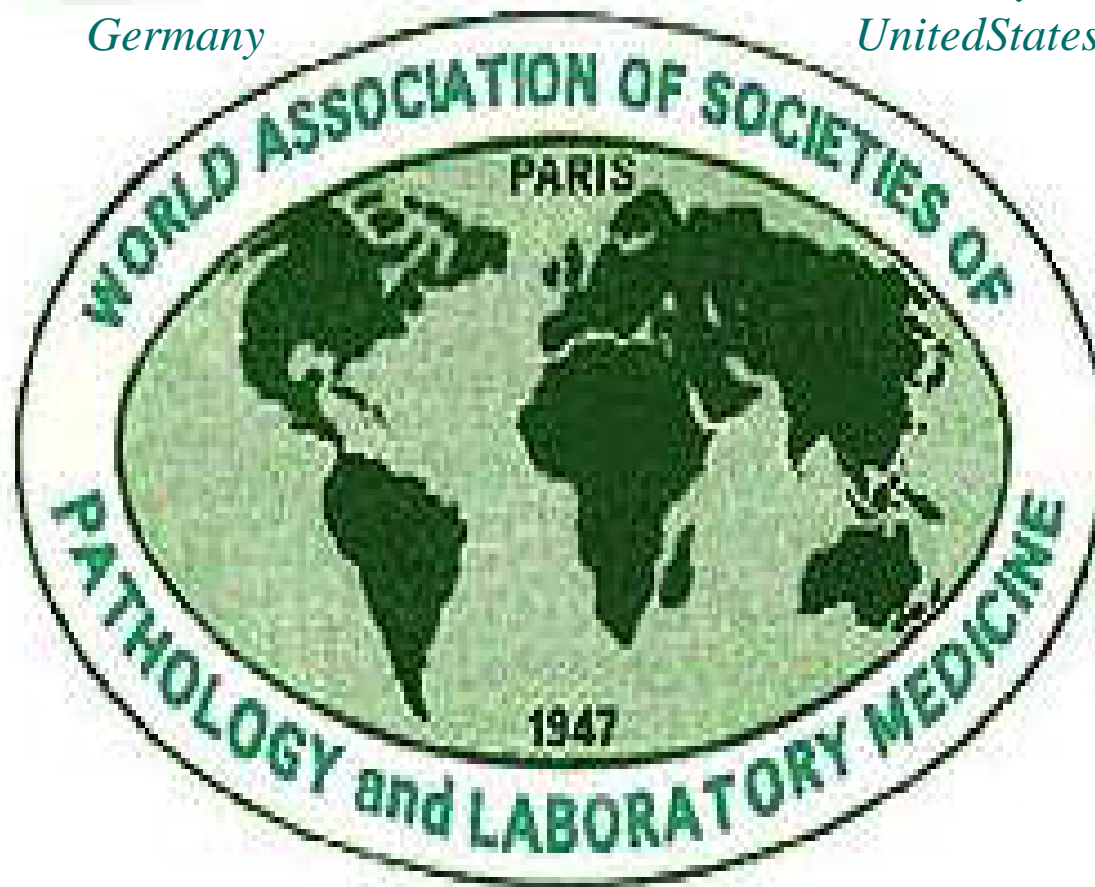
Henry Travers, MD
College of American Pathologists
Secretary-Treasurer, WASPaLM

Dr. Mikio Mori
President
Japan

Dr. Utz P. Merten
Past President
Germany

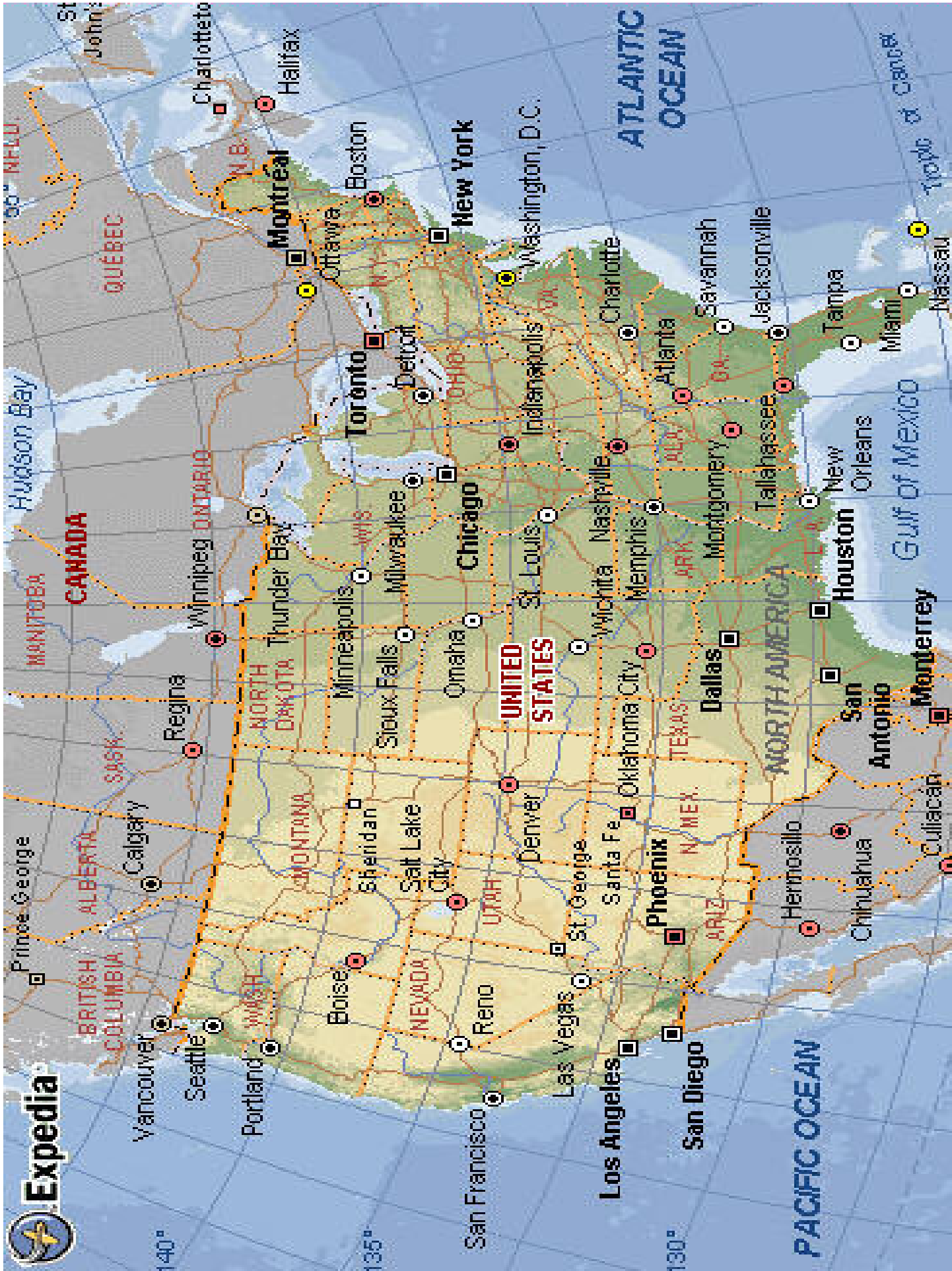
Dr. Kenneth McClatchey
President-Elect
United States

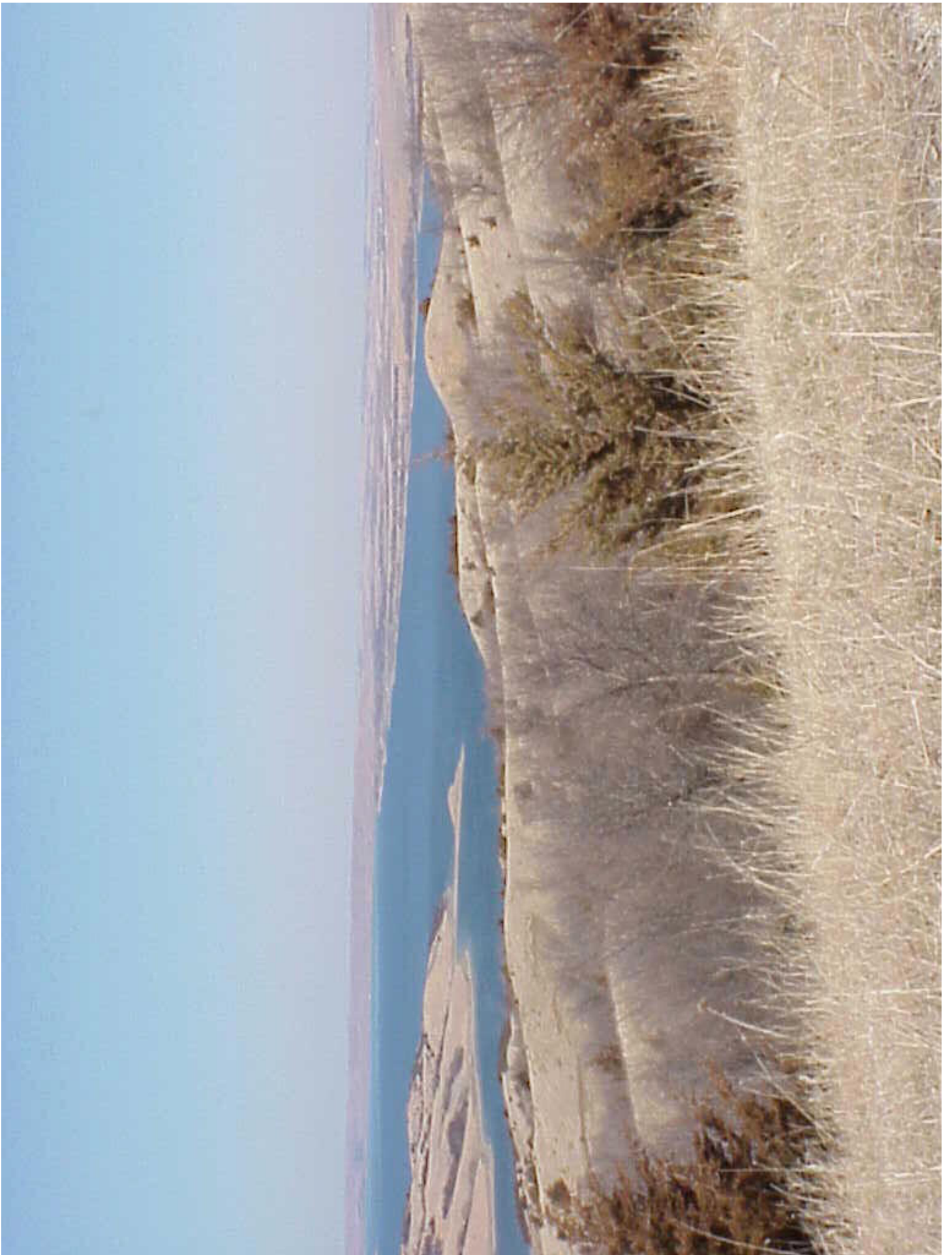
Dr. Henry Travers
Secretary-Treasurer
United States



WORLD ASSOCIATION OF SOCIETIES OF PATHOLOGY AND LABORATORY MEDICINE









Historical Summary

- 1948 WHO approaches CAP to improve laboratory quality
- 1957 Committee for international exchange of pathologists
- 1961 International Intersociety Committee
- 1964 COWS requests funding from CAP
- 1968 Standards Committee requests Surveys material for International use
- 1973 International Liaison Committee
- 1974 International Committee (word "Liaison" dropped)
- 1975 COWS granted additional financial support
- 1986 Secretariat of COWS falls under Standards Committee
- 1986 A second committee, "International Relations Committee" appointed
- 1993 International Committee reformed
- 1994 Newly reformed International Committee begins work
- 1996 International Committee disbanded

Historical Summary

1996 – 2000

2001 -

International Coordinator

New International Committee formed



CAP International Accreditation Programs (excluding Canada)

<u>Region</u>	<u>Number</u>
Latin America	22
Europe	34
Middle East	15
Asia (Including India)	55
Overseas Military	49

CAP Surveys/Excel Proficiency Testing and Anatomic Pathology Educational Programs

- 253 Programs offered in 2001
- 23,000 total subscribers
- 242,200 products ordered
- International subscriptions account for 2.7% of all CAP subscriptions (excluding Canada which accounts for 1.9%)

CAP Surveys/Excel/AP Educational Programs - 2001 Subscriptions

<u>Subscribers in...</u>	<u>Number of products</u>
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Latin America	601
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Europe	1299
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Middle East	444
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Asia (Including India)	1477
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Australasia	105
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Africa	124
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CAP Surveys/Excel/AP Educational Programs - 2001 Subscriptions

Other countries with 10 or fewer products ordered:

Austria, Costa Rica, Cyprus, Czech Republic, Greece, Guam, Haiti, Iceland, Kuwait, Lithuania, Malaysia, Netherlands, New Zealand, Panama, Bangladesh, Peru, Philippines, Portugal, Puerto Rico, Sweden, Tanzania, Trinidad and Tobago, for a total of 5,559 products

CAP SNOMED 2001

<u>Country</u>	<u>SNOMED</u>
Australia	2
Japan	2
Netherlands	2
United Kingdom	4

One each in Brazil, China, India, Ireland, Israel, Korea,
New Zealand, Portugal, Scotland, and Sweden for a
total of 20 international SNOMED licenses

WHO Collaborating Center

- 1994 – 2002
- Worked primarily with PAHO
- Shipped proficiency testing materials to Caribbean laboratories
- Attended international meetings related to quality in health laboratories

Caribbean Experience

- The CAP sent high level individual to meet with representatives of laboratories in Jamaica
- The CAP agreed to provide excess proficiency testing surveys to the laboratories at no cost
- The program lasted two years

Problems

- CAP programs are not designed for laboratories with limited resources
- Insufficient time was invested in understanding the culture, politics, and economics of individual countries
- Local and regional coordination was lacking

More Problems

- Insufficient funding
- Unrealistic expectations of results and distortion of “accomplishments”
- Inadequate understanding of the goals of each laboratory for performance and quality improvement
- Limited resources

Latin America: Recent and Renewed Requests to the CAP

Two separate sources of requests for help:

1. Direct from **WHO** (Heuck)
2. Via the **International Atomic Energy Agency** which is considering expanding its activities into Latin America

Latin America: Recent Requests to the CAP

What is the
Appropriate Role for
the CAP?

A faint, stylized illustration of two hands shaking, symbolizing agreement or partnership, is visible in the background of the slide.

EARLY MAN'S DEVELOPMENT OF DATA GATHERING AND DECISION MAKING...

THE FOCUS GROUP
SAYS TO GO OUT
AND KILL SOMETHING

QA Program Considerations for Countries in Need

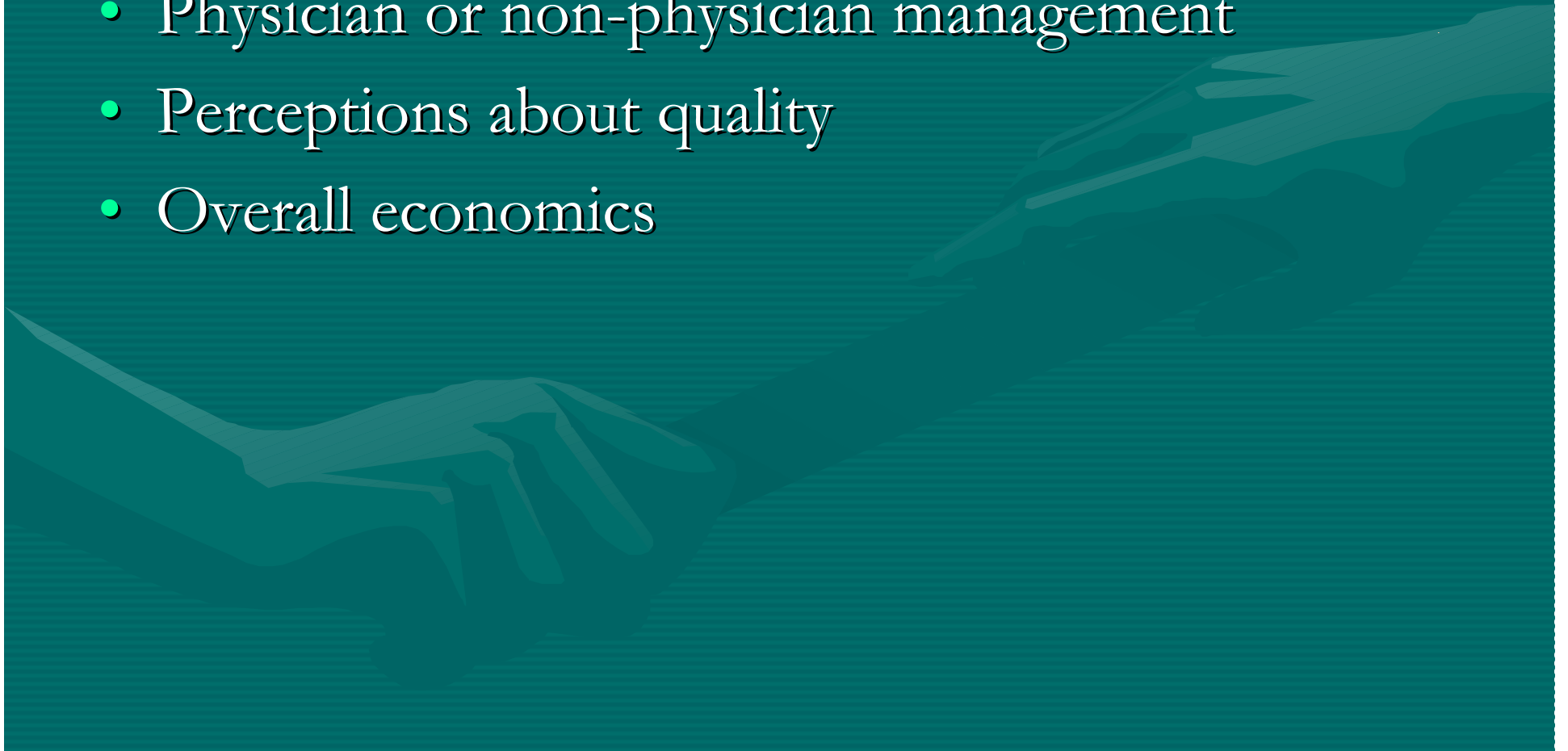
- Laboratory infrastructure
- Laboratory medicine culture
- National/regional culture
- Basic services
- Test ordering/interpretative practices
- Cost
- Vendor capabilities

Laboratory Infrastructure

- Accreditation authority
- Personnel qualifications and standards
- Ownership
- Government interests
- Professional associations/societies
- Overall role in health care delivery

Laboratory Medicine Culture

- Practice of medicine or ancillary service
- Physician or non-physician management
- Perceptions about quality
- Overall economics



An International Culture of Medicine?

Culture is a pattern of shared assumptions:

- **Learned** by group members
- **Taught** to new group members
- **About** the “correct” way to perceive, think, feel and act in all aspects of daily life
- **In order to** solve problems of survival

Elements of Culture

- **Artifacts:** Visible, hearable, perceivable manifestations of underlying assumptions (e.g. dress codes, behavioral patterns)
- **Shared Values:** Expressed reasons why things should be as they are (e.g. goal statements, value statements, codes of ethics)
- **Shared Basic Assumptions:** Unnoticed, but discoverable reasons why group members perceive, think and feel (e.g. assumptions about mission, relationships, etc)

Medicine: An International Culture

Any international attempt at a uniform EQA program must begin with a common understanding of shared basic assumptions



National/Regional Culture

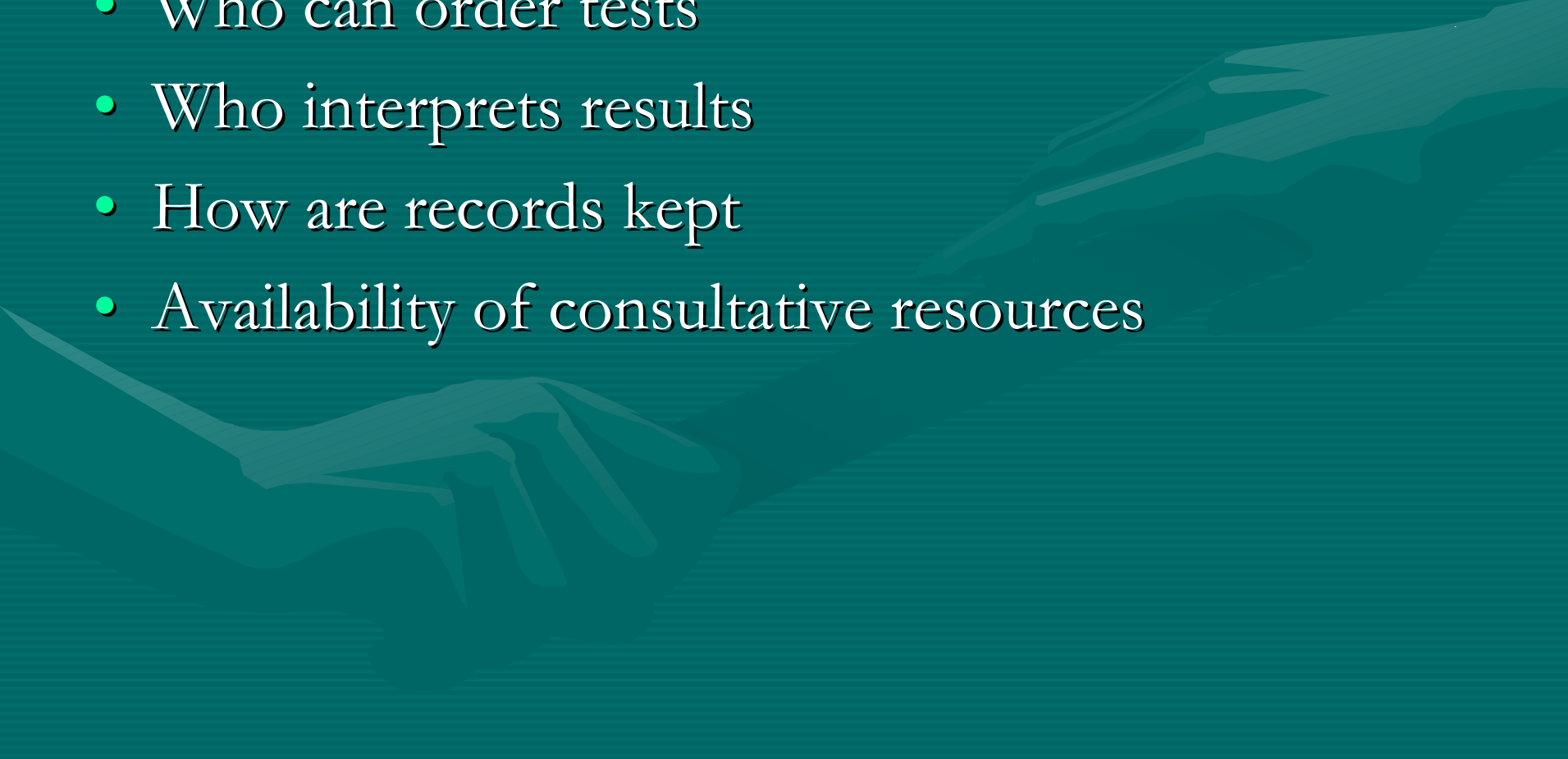
- Language and communication
- General values
- Cost vs. value
- Value of education and training
- Socioeconomic hierarchies
- History

Basic Services

- Transportation
- Communication
- Electricity
- Physical facilities
- Equipment/supplies



Test Ordering/Interpretation

- Why tests are performed
 - Who can order tests
 - Who interprets results
 - How are records kept
 - Availability of consultative resources
- 
- A faint, stylized illustration of two hands shaking, symbolizing agreement or partnership, is visible in the background of the slide. The hands are rendered in a light teal color, matching the overall theme of the presentation.

Vendor Capabilities

- Vendor culture (Mission/Vision/Goals)
- Vendor commitment
- Vendor resources
- Vendor experience
- Teacher vs provider



Cost

- Local source
- National/regional source
- Vendor source
- Professional society source
- WHO source
- “Industry” source
- Mixed source

What is Needed?

Philosophers gravely expound
Metaphysical concepts profound.
While they argue all night
On the meaning of "flight",
The Wrights get a plane off the
ground.

What is Needed?

- National and international plan for action
- Commitment from stakeholders
- Coordination with accountability

A Respectful Proposal

- Multinational efforts should be coordinated by a multinational body
- Direction/supervision should come from individual nations
- Program should be clearly defined from the beginning

A Respectful Proposal: Elements of the Plan

- A common culture
- Small steps
- Realistic funding
- Integration of individual initiative

North America at Night from Satellite Images

